

# MONROE COUNTY HEALTH DEPARTMENT

## APPLICATION FOR FOOD WORKER CERTIFICATION REGISTRY (RECIPROCITY) PLEASE PRINT

LAST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FIRST NAME & MIDDLE INITIAL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NUMBER AND STREET ADDRESS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CITY, STATE ZIP

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

HOME TELEPHONE NUMBER

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

PLACE OF FOOD SERVICE

EMPLOYMENT \_\_\_\_\_

POSITION HELD \_\_\_\_\_

NAME OF FOOD TRAINING COURSE PREVIOUSLY

ATTENDED \_\_\_\_\_

DATE OF ATTENDANCE: MONTH \_\_\_\_ YEAR \_\_\_\_

CERTIFICATE EXPIRATION DATE \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR PRESENT CERTIFICATE .**

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**THE REGISTRY FEE IS \$20.00. PAYABLE WITH SUBMISSION OF THIS APPLICATION.  
PLEASE MAKE CHECKS PAYABLE TO: MONROE COUNTY HEALTH DEPARTMENT**

If applying by mail, PLEASE SEND FORM, CERTIFICATE COPY AND CHECK TO:

MONROE COUNTY HEALTH DEPARTMENT  
Food Certification – Room 1020  
P.O. Box 92832  
111 Westfall Road  
Rochester, N. Y .14692

Information phone: **274-6869**

If applying in person, bring form, copy of certificate, and check to: Room 1020 at the above address.